



01/17/01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	8265-408	Total Pages	10
First Named Inventor or Application Identifier			
Martinas KUSLYS			
Express Mail Label No.	N/A		

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form
Submit an original, and a duplicate for fee processing)
- Specification
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description of the Invention *(including drawings, if filed)*
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) *(35 USC 113)* [Total Sheets ___]
- Oath or Declaration [Total Sheets ___]
 - Newly executed original or copy)
 - Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

[Note Box 5 below]
 - DELETION OF INVENTORS(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).
- Incorporation By Reference *(useable if Box 4b is checked)*
The entire disclosure of the prior application, from which a copy or the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
 Continuation Divisional Continuation-in-part (CIP) of prior application No: filed .

18. CORRESPONDENCE ADDRESS

20582		Correspondence address below		
<input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i>				
NAME				
ADDRESS				
CITY	STATE	ZIP CODE		
COUNTRY	TELEPHONE	FAX		